



Challenge TB - Malawi

Year 2

Quarterly Monitoring Report

April-June 2016

Submission date: July 29, 2016

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Cover photo: Participants and Facilitators to the ERR workshop in Blantyre from 1-2 June 2016

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The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

1. Quarterly Overview

Country	Malawi
Lead Partner	KNCV Tuberculosis Foundation (KNCV)
Other partners	n/a
Workplan timeframe	October 2015 – September 2016
Reporting period	April - June 2016

Most significant achievements:

ACF

CTB hired two ACF teams comprising five members each in April 2016 for Blantyre and Lilongwe Districts. Draft SOPs and an implementation protocol were developed for phase one of two. ICF activities began in six health facilities (three in each district) after staff orientation by NTP and CTB. Three of the four Xpert machines procured for ACF and ICF were installed and are in use in three facilities. Procurement for two mobile X-rays and CAD4 TB software began this quarter and the X-rays will be delivered in July 2016. Health care workers (103; 36F, 67M) from the six facilities participated in basic TB/HIV management training conducted by the NTP and CTB staff members. Data on baselines to monitor CTB contribution to increasing case-detection is being collected. STTA on setting up an ACF database system for M&E was conducted in June 2016 by KNCV consultant and recommendations were provided for data collection.

Laboratory Network

CTB supported a workshop in Salima in May 2016 with the aim of updating the National Laboratory Strategic plan. In attendance were MoH Diagnostics Unit, NTP, MoH CEMED (Central Monitoring and Evaluation Division) and partners such as URC, Dignitas and CTB (CTB Country Director, CTB Adviser Diagnostic Network and CTB M&E Advisor). The workshop was facilitated by MoH Diagnostics Unit. The outcome of the workshop was a draft National Lab Strategic Plan. A smaller team was further selected to finalize the write-up of this document in quarter 4. Over the quarter, CTB also supported the renovations of the reference laboratory, updated various EQA guidelines, conducted microscopy trainings, provided ongoing support through mentorship and supervision, and attended trainings in France and The Netherlands.

Basic TB Management Trainings for Health Surveillance Assistants: Health Surveillance Assistants (HSAs) are the main backbone of health services provision in Malawi. They provide essential health services and act as a link between community and health facilities. During the baseline assessment (Activity 1.1.2) conducted in March 2016 by CTB in collaboration with NTP, it was observed that the majority of them lack basic knowledge of TB management. This results in missed opportunities in early case detection. In response to the assessment, CTB and NTP teams organized Basic TB Training for the HSAs in CTB priority districts, which commenced in May 2016. To date, 779 (498M, 281F) of the 6,017 HSAs have been trained and these trainings will continue to Quarter 4. It is expected that through these training, HSAs will contribute to increased awareness of TB in communities and early case detection.

USAID Washington AOR visit: CTB Malawi was privileged to have a visit by USAID Washington AOR Nicholas Enrich in April 2016. He visited CTB Office, ACF team at Bwaila hospital and also the National Reference laboratory to see the renovations underway. This visit was very significant as it gave an opportunity for the AOR to share updates from USAID Washington and the CTB team to share progress on the CTB project in Malawi. The CTB staff were greatly encouraged with the AOR's visit.

TB Infection Control TA: KNCV Consultants Max Meis and Marleen Heus visited Malawi in April 2016 to build the capacity of TB-IC for Infection Prevention Committees (IPC). A workshop was conducted for 13 trainers (11M, 2F). Onsite workshops were also conducted in 5 districts (Kasungu, Karonga, Mangochi, Lilongwe and Machinga) by the trainers, where a total of 49 participants were trained. The workshops were organized and facilitated jointly by NTP IC Coordinator and CTB Technical Coordinator. During these workshops, a training plan was developed for scaling up to other districts. Recommendations included: i. conduct targeted supervision, ii. monitor staff compliance with standards and iii. finalize draft documents such as Second Edition TB-IPC Guidelines, a costed 4-year plan, facilitators' Manual and facility work plans. Following this TA, supervisions have been conducted in Q3 for all these 5 districts and it was observed that the TB IPC plan had been finalized and orientations of the plan to health workers had commenced in some of the facilities. It was also observed that the District Health Management Team (DHMT) was committed to implementing IC activities.

Electronic Recording and Reporting TA: KNCV Consultants Job Van Rest, Nico Kalisvaart and Hadi Qawasmeth visited Malawi from 30 May-2 June 2016. NTP and CTB jointly organized and facilitated a two-day workshop, which was held in Blantyre from 1-2 June with different stakeholders such as Baobab,

MoH, NTP and CTB. The Blantyre DHO took a leading role in facilitating the workshop. The outcome of the workshop was a defined roadmap for ERR which should build onto current systems. Short-term recommendations included establishment of an ERR TWG whose mandate would include definition of priorities and oversee implementation. Long-term recommendations included development and implementation of digital TB register at district level and scale down to facility level. Moving forward with the recommendations, CTB and NTP have planned for a meeting in July to discuss the implementation of these activities. One of the major areas of discussion will be coordination between CTB and GF investments towards ERR.

Technical/administrative challenges and actions to overcome them:

Shortage of technical and administrative staff: Shortage of staff continues to be a challenge in CTB, which in turn affects the implementation of some of the activities such as Health Surveillance Assistants (HSAs) trainings. These are taking place at the same time but in different districts. There is therefore need for additional technical support to ensure the quality of the services provided, including ongoing supervision to newer activities. CTB Malawi will therefore recruit an additional Technical Officer to support the Technical Coordinator. In addition, as CTB supports several activities simultaneously, it is proposed that additional administrative support will be recruited, to ensure compliance to USAID/KNCV rules and regulations.

Procurement and Supply Chain Management Component: The PSM Advisor left CTB on 31st May. CTB advertised the vacant position and conducted interviews for a successor. CTB aims to have the new PSM advisor in place by Q4.

2. Year 2 activity progress

Sub-objective 1. Enabling environment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
PEPFAR: Conduct an assessment of available services and infrastructure in 3 zonal offices using a standardized checklist.	1.1.1	Tools developed	Zonal Assessment Reports			CTB/KNCV developed a checklist and assessed 3 zones. Reports for the 3 zones (South East, South West and North) are available. Since CTB is supporting 5 zones, 2 of the zones (Central East and Central West) will be assessed in July-August 2016 because of competing activities at the moment.	Partially met	
PEPFAR: Conduct an assessment of all the CTB 15 priority districts and selected health facilities and private providers	1.1.2		Assessment Report			The assessments were done in all the 15 CTB districts from early February to the last week of March in collaboration with NTP staff. Major findings were: - good integration of HIV and TB services, availability of recording and reporting tools and good management of drugs. Some weaknesses were also identified which included: - non-functional sputum collection points, lack of TB specific Infection Control committees and	Met	

						unavailability of TB IEC materials in the facilities. A comprehensive report is in circulation for review and will be available in Q4.		
PEPFAR: Support and participate in the joint quarterly TB/HIV supervision	1.1.3	HIV/TB quarterly report	HIV/TB quarterly report	HIV/TB quarterly report	HIV/TB quarterly report	3 CTB Zonal Advisors in collaboration with NTP Zonal Supervisors participated in the joint quarterly TB/HIV supervision in the South West, South East and Central Zones in April 2016. Major findings were that even though recording and reporting tools are available in most of the facilities, there is still poor documentation. In view of this, mentorship visits will be conducted in Q4. It was also found that some sites did not have sputum containers and the supervisory team provided the sites with the containers during these visits. It was also found that some of the TB focal persons were not trained in Basic TB Management. In view of this, CTB is supporting Basic TB Management trainings in for HSAs, nurses and clinicians. Supervision reports from the 3 zones are available.	Met	
Support the organization of bi-annual TB review	1.1.4		Meeting report		Meeting report	CTB supported the NTP with the organization of Bi-annual TB Review meeting	Met	The next review meeting has been planned for August 2016 and will be

meetings at central level						<p>that was held from March 4-5, 2016. The meeting was held at Linde Motel in Mponela. In attendance were 72 people from central, zonal, district and health facility levels. The review meeting also included representatives from USAID mission in Malawi and Action Aid (GF PR). This was the first review meeting that took place since 2012.</p> <p>Agenda included evaluating the performance of NTP indicators in the areas of case finding, treatment success rate, MDR TB and TB/HIV integration. Main findings were that there are poor systems for monitoring MDR TB and there is need to revamp the non-functional community sputum collection points. It was also observed that there is improved treatment success rate from 83% to 84% for all notified TB cases. The main challenge discussed was case detection. Through the national prevalence survey, it was reported that we are only finding about half of the cases, implying that most of the cases are being missed. In</p>		supported by CTB through reprogrammed funding.
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						order to address some of these challenges, Basic TB Management trainings were conducted in Q3 in order to improve the skills and knowledge of health care workers in TB (Activity 1.1.9)		
Support the organization of quarterly TB review meetings at zonal level	1.1.5	Meeting report	Meeting report	Meeting report	Meeting report		N/A	Global Fund is supporting zonal level quarterly review meetings hence CTB funds have been reprogrammed to district level interventions such as facility and community (HSAs) trainings and mentorship. Zonal Advisors attended the review meetings during this quarter where zonal and district level performance were presented and discussed.
Support the NTP to define and review the existing mentorship tools to include TB	1.1.6	Workshop report and finalized tools				The workshop to review and define the existing tools was organized from March 14-17 at Golden Peacock in Lilongwe together with the NTP and the Ministry of Health. The mentorship tools were finalized in June 2016 and the actual mentorship visits were also conducted in June.	Met	
Support the update of the PPM Guideline and the supervisory	1.1.7		Workshop report and finalized			NTP and CTB jointly conducted a meeting on 29 April in Mponela, Lilongwe	Partially met	A workshop to review the guidelines has been planned for Q4

tool to prepare for GF supported activities (GF BL 146 / 603)			guidelines			.Private practitioners also attended. Challenges were identified and are being addressed. This included improvement in coordination and completion of the PPM guidelines.		
Support development of Community Health Worker's (CHW)Guidelines and training curriculum	1.1.8	Draft guidelines	Pilot undertaken	Finalized guidelines		<p>From December 2015 through March 2016, CTB has held discussions with Action Aid and NTP on how to ensure that CTB organized community based activities are coordinated and complementary to the Action Aid activities under GF.</p> <p>Review of guideline was conducted from February 29 to March 2, 2016. A follow up workshop to finalize the guidelines was done in May 2016 by NTP, CTB and Action Aid staff.</p>	Met	
PEPFAR: Support the organization of Quarterly TB review meetings at District level	1.1.9			Meeting report	Meeting report	The quarterly TB review meetings at district level were conducted under GF over the quarter. Two CTB Zonal Advisors attended the review meetings in the South West and Northern Zone. Some of the major areas of discussion included "finding the missing cases "and improving treatment	Met	

						<p>success rates across the zones. Specifically for Southwest zone it was identified that there is knowledge gaps between health care workers (hence conducting HSAs trainings); there is low coverage of microscopy sites (i.e 38% for Blantyre); sites are faced with transport challenges hence failing to send samples for GeneXpert to district hospitals; and there is delay in receiving results Culture/ DST results from NRL due to the current renovations. Northern zone focused on improving case detection by following systematic TB screening procedures; improving treatment success rate by ensuring that patient flow are consistent and improve more microscopy sites; improve the efficiency of the sites by renovating them; improve utilization of GeneXpert and ensure proper documentation in the register.</p>		
PEPFAR: Basic TB training for Health Surveillance Assistants (HSAs) in all the 15 priority districts	1.1.9			Training report	Training report	<p>Trainings for HSAs in Basic TB Management were conducted from May 2016 in the 15 priority districts. The purpose of the training was to equip the HSAs with knowledge and skills in managing TB at health</p>	Partially met	These trainings will continue in Q4.

						center and community levels. In total 779 (498M, 281F) of the 6,017 HSAs have been trained. It is expected that through this training HSAs will intensify community mobilization and follow up presumptive case which should result in increased case detection and better treatment outcomes.		
PEPFAR: Training of District level MDR committees	1.1.10			Training report		This training was conducted from 27 June- 1 July under the support of Global Fund and CTB Zonal Advisors attended. The main objective was to equip health workers with knowledge and skills in managing cases started on second line drugs (SLDs). A total of 22 health workers (4F, 18M) comprising nurses, lab technicians, clinical officers were trained.	Not met	NTP has conducted trainings for health care workers in June and will continue in July in all the zones with funding support from GF. CTB has been requested to support more trainings, with a focus on HSAs.
PEPFAR: TB/HIV training for Nurses and Clinicians	1.1.11			Training report			Not met	This training was not conducted during this quarter, as the priority was to train Health Surveillance Assistants who are the link between community and health services. Since the HSA trainings will be ongoing to Q4, this training has been scheduled for August 2016.

PEPFAR: Mapping, assessing and engaging existing CBOs/CSOs/NGOs in the 15 CTB priority in collaborative TB/HIV activities.	1.2.1	i. List available. ii. Contract awarded to umbrella CSO iii. workshop report	i. recommendation on Standardized tools iii. training and advocacy package developed iv. Training plan developed and initiated	Training report	Training report	CTB had a preparatory meeting with Action Aid to discuss their engagement with CBOs/CSOs/NGOs with regard to TB/HIV activities. TORs were developed and submitted to HQ for review. These were finalized and advertised in the national newspapers and on website in June 2016.	Partially met	Evaluation of the proposals will be conducted in July and a subcontract will be awarded to the successful CSO. Training and advocacy package will follow the subcontract.
PEPFAR: Review and establish linkages between NTP and PEPFAR partners to support PCA	1.2.2	Meeting report with recommendations	Meeting report with recommendations		N/A	Planned for APA 3	N/A	PCA activities have cancelled after consultations with the USAID Mission in Malawi and NTP.
PEPFAR: Develop and implement operational plans for PCA	1.2.3		Workshop report with plan	Workshop report with plan	Workshop report with plan		N/A	See above
PEPFAR: Conduct a situational analysis with the HIV program and other technical partners on access (FOCUS GROUPS) and perceptions of quality of care from a patient perspective (QUOTE)	1.3.1		i. Contract awarded, ii. training report iii. Study report iv. training report on Quote Lite	i. dissemination workshop report			N/A	See above
Orient the District Health Office on PCA and support the establishment of SOPs in order to foster engagement of	1.3.2	i. training report and plan	i. training report and plan	i. training report and plan	i. training report and plan		N/A	See above

CBOs and existing community structures (e.g. VHCS, traditional healers)								
Active engagement of CBOs in comprehensive PCA activities - e.g. awareness creation, stigma reduction, infection prevention – targeting informal health care providers and communities	1.3.3	i. subcontract awarded	i. TOT reports ii monitoring reports	i. TOT reports ii. Monitorin g reports	i. TOT reports ii. Monitorin g reports		N/A	See above
Engagement of existing community structures by the DTOs on PCA	1.3.4		orientation reports	orientati on reports	orientatio n reports		N/A	See above
Review, standardize and select available IEC materials for community and household members	1.3.5			Prototyp e IEC materials			N/A	See above
Establish a baseline of tools - including those developed under TB Care II - to enhance and standardize PCA among PEPFAR partners	1.4.1			Available tools are identified and adopted by partners			N/A	See above
Patient Centered Approach workshop to define PCA in the Malawian context at the central level	1.4.2	i. Workshop Report ii materials printed					N/A	See above
Patient Centered Approach orientation workshop at the	1.4.3	Orientation workshop report	Orientation workshop report				N/A	See above

zonal level								
Conduct assessment of the Community Sputum Smear collection point strategic (CSCPs) approach	1.4.4		Competition and award finalized	Study finalized report prepared			Partially met	The TORs for this activity were reviewed with assistance of HQ staff and finalized. It was advertised in the national newspapers and website in June 2016. The successful bidder will be selected in July.



Patrick Gomani, CTB Zonal Adviser, observing the participants in one of the groups during practical session at the HSAs training in Hapuwani Lodge, Mulanje ,June 2016

Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
PEPFAR: Conduct an assessment of the current status and TB Lab network and capacity of the zonal and district laboratory staff in leading and implementing the scale-up of a comprehensive quality assurance program, and formulate a development trajectory strategy for the next 5 years of CTB. Plan for and implement expansion for quality assured TB, MDR TB Diagnostic Services. Support national TB lab technical working group. Support Sentinel surveillance for MDR TB	2.1.1	Assessment completed and report available	Expansion of registration sites including microscopy labs	Expansion of registration sites including microscopy labs	Expansion of registration sites including microscopy labs	<p>25 sites and a reference lab were assessed by Dr. Valentina Anisimova and external consultant Anton Bussink in collaboration with NTP. Findings were discussed with the NTP and a Mission Report shared.</p> <p>Recommendations were discussed with stakeholders (NTP, CTB, CDC, URC, MoH and others) and are currently being addressed.</p> <p>Challenge TB supported a workshop on updating the National Laboratory Strategic Plan in Salima from 17 – 20 May 2016. The workshop was facilitated by MOH HTSS-Diagnostics unit. During the workshop, objectives, thematic areas, strategies and</p>	Partially met	<p>Discussions on identifying sentinel surveillance for MDR TB are ongoing with NTP. The surveillance will be affected as the DRS is scheduled for August 2016.</p> <p>The subcommittee of the national Diagnostics technical working group has not been established as planned due to competing activities in the quarter. The first meeting will be held in Q4.</p>

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		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						activities of the 2009-2014 strategic plan were reviewed and updated. A smaller team was selected to work on finalizing the draft plan.		
PEPFAR: Improve supervisory and mentoring of lab personnel	2.1.2		Development of supervisory and mentoring tools	Supervision/ Mentoring report	Supervision / Mentoring report	A meeting with zonal laboratory supervisors to orient and plan on the zonal level supervisions and mentorship was conducted on 18 May 2016. During this meeting it was agreed to prioritize the EQA guidelines and supervision tools before the implementation of the zonal supervisions.	Partially met	Zonal laboratory supervisions were not conducted in Q3 due to overlapping activities .The supervisions have been rescheduled for 11 – 22 July 2016
PEPFAR: Improve clinical diagnosis of smear-negative pediatric and extra-pulmonary TB in all CTB districts to include ART clinical officers.	2.1.3		i. Training curriculum completed ii. Training plan included	Training report	Training report		Not met	Radiology training will be conducted in South west Zone in August 2016.
PEPFAR: Expand mentorship program to include quality diagnosis of smear-negative and extra-pulmonary TB	2.1.4		i. report on mentorship review ii. Job aids printed	i. TOT plan and initiated ii. Report on training			Not met	This activity was reprogrammed

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		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
			iii. Job training curriculum completed					
PEPFAR: Support expansion of registration sites	2.1.5	i. Mapping report and site selection, procurement done	5 Site assessments	5 Site assessments	5 Site assessments	During the Xpert assessment visit, district TB officers in almost all visited districts indicated that there is need to strengthen some of the existing registration sites before expansion to new ones. CTB Zonal Advisers in coordination with NTP zonal supervisors mapped the sites that will need to be strengthened and a list is available. CTB will present the list comprising 15 sites to NTP for approval. Terms of references were developed for a contractor to carry out the site assessment of the identified facilities.	Partially met	Site assessments were postponed due to delays in securing the services of a contractor. The assessments were rescheduled to July/Aug 2016 and will be conducted by a selected contractor in collaboration with zonal and district TB program staff including CTB zonal TB advisors
PEPFAR: Supervision of AFB microscopy sites in CTB priority districts	2.1.6			District level Supervision	District level Supervision report	Training on AFB microscopy was conducted from 30 May to 17 June 2016	Partially met	District level supervisions were not conducted in Q3 due to late updating of the national EQA guidelines.

Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
				n report AFB microscopy training report		at Kanthiti Lodge in Chiradzulu. A total of 27 (20M, 7F) microscopists from 22 health facilities were trained on ZN based microscopy.		This also delayed the training of district level EQA supervisors which is planned for August 2016 AFB microscopy training for additional 23 participants was postponed due to unavailability of trainers during the intended period because of competing MoH activities. The training will be conducted in August 2016 at Zomba.
PEPFAR: Strengthen a comprehensive quality assurance program (for example QMS) for TB microbiology services, including EQA (GF BL 52)	2.2.1			Workshop report		A draft EQA guideline was developed during a workshop in May jointly conducted by NTP and CTB in Salima.	Met	Zonal EQA supervisions will commence in July 2016, the review workshops will be conducted in August 2016
PEPFAR: Conduct supervision by NRL	2.2.2		Supervision report	Supervision report	Supervision report		Not met	The NRL did not carry out supervisions of selected TB diagnostic sites in Q3 due to the change in policy in the EQA guidelines. The updated guidelines stipulate that the NRL should conduct supervisions every six months instead of the previously stated 3 months. NRL will select sites to supervise after

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		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
								reviewing reports of zonal and district level EQA supervisions.
PEPFAR: Reestablish the contract and contact with the SNRL	2.2.3	Contract established	NTP/ staff trained in SNRL			<p>The contract is still valid and the National Institute of Communicable Diseases (NICD) in Johannesburg provided support in year 1 of CTB</p> <p>In Q1, KNCV supported the training of three NTRL laboratory staff for a two weeks Culture and Identification Training at the African Centre for Integrated Laboratory Training (ACLIT) in South Africa.</p> <p>Uganda SNRL through East, Central and Southern Africa Health Community (ECSA-HC) visited the NTP from 29 March - 01 April 2016. NICD and Uganda SNRL to work together in assisting the NTRL. MOU to be signed between ECSA-</p>	Met	

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		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						<p>HC and ministry of health.</p> <p>The support from ECSA HC and Uganda SNRL is part of a USD 6.1 Million regional TB project grant from the Global Fund. The project aims to facilitate strengthening the capacity of National Reference Laboratories in 18 countries in the Eastern & Southern Africa Region including Malawi to improve laboratory networking for TB & MDR-TB diagnosis. ECSA-Health Community is the Principal Recipient and the Uganda SNRL the sub-recipient.</p>		
PEPFAR: Support essential functions of implementing EQA	2.2.4		Meeting report			During the period 23 – 27 May 2016, CTB in collaboration with NTP facilitated a workshop to review the existing EQA guidelines and supervision tools which were mainly on TB microscopy. The workshop was held in	Met	

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		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						Salima. NTRL staff, zonal lab supervisors, selected district lab officers and other partners including Dignitas International and Challenge TB participated. The guideline was updated with EQA for other technologies such as GeneXpert, Culture and Drug Susceptibility Testing. A draft document including updated supervision checklists are available. During the same workshop discussions were held in order to find ways to revive the EQA program including improving its coverage. This included reviving both zonal and district level EQA supervisions through support from CTB.		
PEPFAR: Assisting the MOH and NTP in establishing the GLI accreditation approach by introducing the GLI	2.2.5		Development of TB lab specific QMS assessment	Mentorship report	Mentorship report		Not met	CTB is currently renovating the NRL and is expected to finalize this in Q4. Once the renovations are completed and the NRL is

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		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
standards and using the scoring system			tool					<p>fully functional, more focus will then be put towards mentorship and the GLI accreditation.</p> <p>A GLI meeting has been planned in Uganda from 18-22 July to discuss quality issues relevant to NTRL Lilongwe. CTB and NTP representatives are attending the meeting.</p> <p>As part of improving quality of the laboratory, review of quality and technical documents will be carried out from 11-15 July 2016</p>
PEPFAR: Training of NTRL staff on Drug Susceptibility Testing	2.2.6			Training report		Five participants (NRL-3, Mzuzu-2) from Malawi attended training on first line drug susceptibility testing at the Uganda SNRL from 23 May to 10 June 2016. Four of five participants were supported by Challenge TB. The training was to improve technical capacity on DST in preparation of the upcoming National	Met	

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		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						DRS. During the same training the participants also took opportunity to learn of other key aspects such as GxAlert, TB-LIS, biosafety, etc.		
Support specific essential short-term activities in support of the operationalization of the already established culture laboratory in Mzuzu	2.3.1	Development of validation protocol	i. Supervision /Mentorship report ii. Validation report			<p>The verification protocol was developed and verification of the culture methods by the NTP started in November 2015 and was finalized in March 2016.</p> <p>The verification of DST using liquid and solid media was carried out for 35 characterized isolates obtained from UNC and Karonga Prevention Study. Data analysis is in progress and will be completed in July 2016</p> <p>From February-June 2016, NRL staff have been travelling to Mzuzu in teams of 2 for a period of two weeks per team to provide supervision</p>	Met	

Sub-objective 2. Comprehensive, high quality diagnostics

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		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						and mentorship to Mzuzu staff as well as process samples for culture and DST that are referred to NTRL since the NTRL is undergoing rehabilitations. The NTRL backup testing at Mzuzu TB laboratory has normalized the situation and is now providing regular results on culture & DST.		
One day workshop for clinicians regarding the use of GeneXpert (focus on HIV so that the algorithm used does not include microscopy as a first step.	2.3.2			Zonal Workshop reports (5 zones)		The Xpert algorithm is being reviewed and has not yet been finalized. The new algorithm will make Xpert MTB/RIF the initial test for all HIV infected presumptive TB cases	Not met	The workshop was initially planned for Q3 but was postponed due to the review of the algorithm, which is to be finalized in Q4. It was also agreed with the NRL to increase the number of facilitators for this activity including zonal TB officers and DTOs in order to ensure more coverage.
PEPFAR: Service the MGIT machine	2.3.3		Procurement of MGIT supplies			Quantification has been done and the list of items has been submitted to HQ.	Partially met	The procurement process is underway and delivery is expected in August 2016
PEPFAR: Procurement for laboratory	2.3.4		NTRL Renovations			-Renovation of the microscopy and	Partially met	During the maintenance of biosafety cabinets in April

Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
equipment			completed			staining rooms completed. -Repairs and painting of main culture laboratory completed. -UPS for biosafety cabinets installed. - Generator fixed. -Air conditioners installed in microscopy/staining rooms. -Air Conditioner for main laboratory fixed. Maintenance of 3 biosafety cabinets at NTRL carried out by Clean Room Maintenance (SA) in April 2016. The replacement of the cold room was completed in June 2016. Additional works such as installation of file cabinets, fitting of new aluminum doors, replacement of fluorescent lighting bulbs and installation of transfer hatch box were also completed in June 2016.		2016, it was found out that there was no independent HEPA extraction unit except for the biosafety cabinets. This raised questions on whether cabinets generated adequate negative pressure or the lab fulfilled BSL3 requirements. It was determined that the lab fulfilled BSL2+ standards. However, USAID advised the NRL to be upgraded to BSL3 by installing complete negative pressure system. Additional reprogramming request was submitted to support the key remaining activity. It is expected that the negative pressure system will be installed by Sept/Oct 2016

Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Provide STTA to the design of the third reference laboratory	2.3.5				TA report		NA	Cancelled
PEPFAR: Backup testing of samples from CRL at Mzuzu culture laboratory	2.3.6		NRL reports	NRL reports		As the NRL is undergoing renovations, backup testing of samples commenced mid-February. Samples are sent through AXA bus services in triple packaging. Two NRL staff are based at Mzuzu TB lab. Bi-monthly reports are available	Met	
PEPFAR: International courier costs for PT panels on Drug Susceptibility Testing at CRL (prior to DRS)	2.3.7			Proficiency Testing report		Isolates for PT have been prepared at the Uganda SNRL. A quotation to ship the isolates was obtained from World Courier (SA)	Partially met	The delay in obtaining the PT samples was due to the lengthy process of preparing these samples at the Uganda SNRL. The delivery of the PT samples is expected before end of July 2016
2.3.8 PEPFAR: Supply and installation of 25 LED microscopes in CTB priority districts	2.3.8			Procurement documentation Installation report		Quotations from reputable suppliers were obtained and a bid analysis was conducted. A purchase order was issued to the selected supplier. Procurement is in progress	Partially met	The ILED microscopes are expected to be received in August 2016. The microscopes will be distributed to CTB priority districts
PEPFAR: Accreditation of the NTRL by external	2.3.9			Assessment and			NA	Planned for Q4

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
consultants				certification report				
PEPFAR: Assess the existing GeneXpert platforms in the 15 CTB priority districts, including warranty, calibration requirements and cartridge needs	2.4.1		Assessment report			The assessment was conducted from 18 January to 11 February 2016 for both CTB and non-CTB facilities hence a total of 35 facilities were assessed. This assessment was conducted jointly with NTR and CTB Advisor Diagnostic Network. An assessment report is available.	Met	
PEPFAR: Coordinate with all partners implementing GeneXpert	2.4.2	supervision report	supervision report	supervision report	supervision report	All Xpert sites in CTB & non CTB priority districts were supervised in March 2016.	Partially met	No supervision was conducted in Q3 due to competing activities for CTB and NTP
PEPFAR: Placement and usage of 4 GeneXpert machines handed over to CTB	2.4.3		Assessment report ii. Installation report of 4 Xpert platforms			The activity was carried out from March 8-12, 2016. 3 teams composed of NRL staff including CTB diagnostics advisor visited each of the proposed GeneXpert sites (Chitipa, Ntchisi and Dowa) and	Met	The GeneXpert machine temporarily placed at Machinga will be re-installed at Ndirande Health Centre once renovations are completed. It is anticipated that this will happen towards end of Q4

Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						<p>installed GeneXpert machines. During the visit each team conducted a pre-installation assessment using a checklist and then provided onsite training for lab technicians which included both theoretical and practical sessions.</p> <p>During GeneXpert assessment in activity 2.4.1, it was found that the laboratory in Ndirande health centre, Blantyre, which serves a high volume of clients had a fire hence the GeneXpert machine was damaged. CTB proposes to support the renovations of this laboratory and install the fourth GeneXpert machine at this facility.</p> <p>Due to delays in renovating Ndirande Health Centre laboratory, in May 2016 the GeneXpert</p>		

Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						<p>machine reserved for the facility was temporarily installed at Machinga District Hospital (30 May 2016). This was to restore Xpert testing at the latter whilst awaiting repairs for the faulty machine</p> <p>A total of 22 inverter and deep cycle batteries were also procured and installed in 20 Xpert sites in the Central and Northern regions. This was mainly to alleviate challenges faced during power blackouts. The batteries have buffer time of 6-8 hours that will allow uninterrupted Xpert testing</p>		
PEPFAR: Procurement of cartridges as an emergency stock to complement the phase out of TB Reach and start-up of GF	2.4.4	Procurement documentation				<p>First batch of 10,500 cartridges was delivered in March 2016.</p> <p>The cartridges were handed over to NTP</p>	Met	The other batch of 10,500 cartridges is expected to be delivered in August 2016

Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						and distributed using the NTP system which is being improved to ensure that cartridges are readily available at the zonal levels. Startup stock of 2,300 cartridges were delivered to ICF sites both in Lilongwe (1,300) and Blantyre (1,000)		
PEPFAR: Train and re-train laboratory technicians for quality assured Xpert diagnostics	2.4.5		Training report	Training report	Training report		Not met	During the quarter the CTB Diagnostic Network Advisor held discussions with NTP to harmonize with GF plan and determine training needs in each facility. List of personnel to be trained is available but due to other priority activities this activity was not carried out in Q3 and deferred to Q4 after harmonizing CTB and GF plans
2.4.8. PEPFAR: Provide annual calibration of GeneXpert machines in the CTB priority districts	2.4.8			Procurement documentation Calibration		A total of 27 machines in 25 sites were determined as not calibrated. A quotation for the Xpert Check was obtained from	Partially met	This was not conducted in Q3 due to delay in obtaining the Xpert Check kits. This activity has been scheduled for Q4. Before the Xpert Check can be

Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
				reports		Cepheid. Procurement is in progress through the local Cepheid distributor		done, all machines will be thoroughly maintained to avoid Xpert Check failures
PEPFAR: TOT on GeneXpert SOP's and maintenance	2.4.9			Training report		Three NTRL and CTB staff attended advanced GeneXpert training in France in June. The training provided the much needed knowledge and capacity to improve use and maintenance of GeneXpert. The three staff will be responsible for preparing and conducting a TOT for all Xpert sites.	Partially met	The first part of the activity was conducted. TOT will be planned and implemented
PEPFAR: Supply and Installation of GeneXpert machines, inverters and batteries to support ACF project in Lilongwe and Blantyre and 3 other Gene Xpert sites	2.4.10			Procurement documentation Installation report		Four GeneXpert machines were procured and received in May 2016. Three machines were installed at the ICF sites: one each at Bwaila District Hospital in Lilongwe, Area 25 in Lilongwe and Queen Elizabeth Central Hospital in Blantyre. The purpose was to boost the diagnostic capacity for ICF and	Partially met	The fourth GeneXpert machine is intended for Gateway Clinic in Blantyre. Discussions are underway.

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						ACF. A quotation for additional 7 inverters and batteries was obtained. Procurement is in progress		
PEPFAR: Advanced training of 3 NTP and CTB staff on GeneXpert Technology	2.4.11			Training report		2 NTRL staff and CTB Diagnostic Network Advisor attended GeneXpert training in Toulouse, France in June 2016 which was facilitated by Cepheid. The objectives of the training were to equip the staff with the required knowledge and skills to troubleshoot and provide better technical assistance on GeneXpert. The staff were also trained on key practical solutions to improve the lifespan of the equipment	Met	
PEPFAR: GeneXpert training for Health Care workers in 15 CTB priority districts.	2.4.12			Training reports	Training reports		Not met	The workshop was initially planned for Q3 but was postponed due to competing activities. It was agreed with the NRL on the need to increase the number of facilitators

Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
								for this activity including zonal TB officers and DTOs in order to ensure more coverage.
Training of laboratory staff (2 labs) to use the LIMS (which still have to be developed following STTA in 10.1 on ERR)	2.5.1			i. training curriculum ii. Training report		The lab personnel from NTRL and Mzuzu that attended the DST training in Uganda SRL were orientated on a TB-laboratory information system that is in use at the SRL. The SRL also arranged a meeting for these staff to meet with the developer of the system. This has encouraged collective interest in TB-LIS.	Partially met	Planned for APA3 once the LIMS is installed NTP officially requested for the TB-LIS to be included in the APA3 activities
Ensure all diagnostics reporting and recording formats are consistent and comprehensive	2.5.2		Documentat ion review report			Document review was jointly conducted by NTP and CTB in the last week of February 2016 and the findings were that most of the facilities use new registers and request forms, which are consistent and updated. However, a number of sites use old registers and request forms. It was also noted that laboratory forms are in	Partially met	Printing is expected to occur end of July once approval has been obtained from the NTP Programme Director

Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						<p>shortage at the facilities hence CTB will support the printing of 70,000 laboratory forms and 500 registers.</p> <p>Further requirements necessitated the need for another round of document review. Laboratory register and request forms for microscopy and Xpert were revised during Guideline review workshop held at Crossroads Hotel from 3 to 5 May 2016. Changes were shared to NTP M&E advisor and other NTP staff in the zones.</p>		
PEPFAR: NTRL SOPs and reporting tools workshop	2.5.3			Workshop report			Not met	Although planned for Q3, the workshop was postponed due to competing activities. The workshop is planned for 11-15 July 2016
Assess gaps in CDC/URC/ Other PEPFAR implementing partner's specimen transport system to ensure full coverage'	2.6.1		i. Gaps report and plan for coverage			During the joint assessment (1.1.2 and 2.4.1), gaps were identified. CTB will support sputum transportation where	Met	Meetings with Riders for Health will be done on a quarterly basis to track the number of TB samples transported in each district

Sub-objective 2. Comprehensive, high quality diagnostics								
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		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						<p>possible.</p> <p>Gaps will continue to be identified on a quarterly basis through the National Diagnostic technical working group. Plans for coverage will continue to be made accordingly through this forum. Recommendations will be discussed with URC and Riders for Health.</p> <p>CTB staff participated in a sample transportation subcommittee meeting held in Lilongwe on 1 June 2016. The subcommittee is co-chaired by MOH and URC whilst Riders for Health is a secretariat. The meeting included review of the proposed functions of the subcommittee. PEPFAR partners working on sample transportation made presentations on the experiences and challenges they encountered</p>		

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Conduct a detailed diagnostic chain analysis for presumptive DR-TB patients	2.6.2	Assessment report	Assessment report			This activity was initiated during the GeneXpert assessments (activity 2.4.1).	Partially met	The assessment of the diagnostic chain analysis was delayed due to other competing activities. It is planned for Q4
Support sample transportation from urban CSCPs to GeneXpert sites	2.6.3	Procurement report				After discussion with the CTB Community Advisor, the procurement of the bicycles has been put on hold due to the unclear distribution criteria. The procurement is more likely to occur when the sub award to assess CSCPs has been completed.	Partially met	Procurement and distribution to be decided after assessment of the CSCPs
Include bio-safety measures into regular QMS activities	2.7.1		Quarterly report	Quarterly report	End of year report	During the supervisions that were conducted from 14 to 24 March 2016 (activity 2.2.2), the sites were also assessed on issues relating to safety.	Partially met	The document review workshop was not conducted in Q3 due to competing activities. SOPs and safety manual will be reviewed during the workshop on 11-15 July 2016.
Maintenance of Biosafety cabinets	2.7.2		Report			37 biosafety cabinets intended for high volume microscopy sites were previously	Partially met	CTB will install all the 37 cabinets in Aug 2016. Installation will be done by engineers who will also

Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						procured by Global Fund. Of these 17 were distributed in 2015 but 20 were still kept centrally in Lilongwe. URC assisted with the distribution of these 20 Biosafety cabinets from 7-18 March 2016. URC provided the funds to NTP and the distribution was carried out by NTP personnel with government trucks		ensure that the cabinets are validated and certified before use. Quotations have been obtained and bid analysis done. CTB will also assist with the annual servicing of a further 20 biosafety cabinets already installed and in use
PEPFAR: Develop and disseminate national safety manual for TB Laboratories	2.7.3				Workshop report		NA	Planned for Q4 during document review workshop



CTB M&E Advisor (in blue/black jacket) participating in one of the groups with NTP and URC representatives during National Laboratory Strategic Plan Review Workshop in June 2016, Salima

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Develop framework and implement pilot interventions for addressing urban TB (clinic and communities)	3.1.1	i. procurement of x-rays ii. SOPS and Protocols	i. Framework ii. Guidance for team on training	Implementation report	Implementation report		Partially met	Two ACF teams of five members were hired in April 2016 for Blantyre and Lilongwe Districts. Draft SOPs and an

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
in poor urban settings)		finalized iii. Curriculum developed	package iii. Implementation report					implementation protocol were developed for phase one of two. ICF activities began in six health facilities (three in each district) after staff orientation by NTP and CTB. Three of the four Xpert machines procured for ACF were installed and are in use in three facilities. Procurement for two mobile X-rays and CAD4 TB software began this quarter and the X-rays will be delivered in July 2016. Health care workers from the six facilities participated in basic TB/HIV management training conducted by the NTP and CTB staff members. Data on baselines to monitor CTB contribution is being collected. STTA on setting up ACF database system for M&E was conducted in June 2016 by KNCV consultant and recommendations were provided for data collection.
Support an MDR-TB quality of care Task Force	3.2.1	i. Task force in-place and functional				CTB and NTP held some discussions regarding MDR-TB	Partially met	The TORs will be submitted by the NTP to the TB/ HIV TWG which is scheduled to

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
		(report to include mandate and tors				because there are a number of activities in both CTB and GF budgets for MDR-TB support. Following the discussions, NTP developed draft TORs for MDR-TB task force in March 2016.		meet in August 2016. This group will decide whether this task force needs to be reinstated or not.
Develop and implement sentinel surveillance of MDR-TB in new smear positive patients in ten sites	3.2.2	Criteria established	i. Site assessment report ii. Workshop report				Not met	PMDT discussions have been held between CTB and the NTP. The NTP has drafted TORs to move PMDT activities forward. Following these discussions, NTP will advise how the sentinel surveillance activities will be conducted.
PEPFAR: Implement a standard testing of all retreatment cases for MDR-TB using GeneXpert	3.2.3	i. Protocols updated	Quarterly report	Quarterly report	Quarterly report	This activity was part of the guideline update workshop that was held from February 29 to March 2, 2016 (activity 1.1.8). The NTP indicated that all presumptive MDR-TB cases should have an Xpert test (where the platform is available).	Met	

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						An algorithm is in place for use of Xpert that was shared with all Zonal and District TB Officers in the review meeting held from March 4-5, 2016 (activity 1.1.4).		
Support strategic updating of TB in Prisons	3.2.4		i. Workshop Report ii. SOPS completed ii. Orientation meeting report (2)	i. Orientation meeting report (2) ii. TI centers established (2)		Assessments were conducted in March 2016 for four major prisons in the country (Maula, Chichiri, Zomba and Mzuzu prisons). Mzimba prison was also assessed in April 2016. All the four major prisons are being supported by different partners except for Mzimba prison.	Partially met	CTB wrote a letter to the Chief Director of Prisons Reform informing him of the support CTB intends to provide. CTB also identified the prison focal persons and planned to support a meeting at national level in Q4 that is aimed at revising and printing SOPs and guidelines. An orientation has been planned for Mzimba prison next quarter and discussions are underway with the NTP to support mass screening at Mzimba prison.
PEPFAR: Support the access to quality treatment and care for TB, DR TB and TB/HIV in prisons	3.2.5		Supervision report from prisons	Supervision report from prisons	Supervision report from prisons	Supportive supervision to the prisons is being conducted as part of the TB/HIV joint supervisory visits (Activity 1.1.3) on a quarterly basis. The supportive	Met	

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						supervision is a joint effort between NTP, HIV and AIDS department and partners.		
PEPFAR: Hold TB/HIV working group meetings and together with the HIV department, revisit IPT policy, print and disseminate.	3.2.6		Meeting report				Not met	CTB/KNCV will support TWG meeting that has been planned in August. The IPT policy is available.
PEPFAR: Support development and implementation of roadmap for Childhood TB specific for Malawi	3.2.7	i. Report of benchmarking tool ii. draft Action plan for Child TB				The Benchmarking Tool Workshop, facilitated by KNCV Senior Technical Focal Point, Dr. Christine Whalen was held in Lilongwe from 17-18 February 2016 with 21 participants from NTP, pediatric units in Kamuzu Central Hospital, partners from WHO, Baylor, URC, CHAI, Dignitas, UNC, Reach Trust, UNICEF and CTB. Next steps were agreed on as part of the tool and the NTP would present the tool at the next national Technical Working Group (TWG) in August 2016. A sub-working group	Met	During the quarter UNICEF organized a meeting for all partners including MoH, NTP and CTB to identify key partners that have integrated childhood TB services in their activities and how they can collaborate with the MoH Integrated Community Case Management (ICCM) of Childhood illnesses.

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						was also proposed for Childhood TB that will also be discussed in the TWG meeting. The report for this workshop will be available in Q4.		
PEPFAR: Build the capacity of PHC providers in Childhood TB	3.2.8	i. Travel report from SA training	i. SOPS finalized ii. Reporting formats updated				Not met	Following guidance from the NTP in reference to their implementation plan, this training is scheduled for Q4 2016. It is provided by Stellenbosch University in Tilburg, SA and NTP have already identified the participants to this training. SOP development will follow the training.
PEPFAR: Improve capacity of HCW to detect and refer children for diagnosis of childhood TB	3.2.9	sub - contract awarded	i. curriculum and training plan developed ii. Training report	i. training Report (s)	i. training Report (s)		Not met	The NTP has planned to conduct the training in the four zones in the next quarter, following agreement at the planning meeting held in June 2016 by the NTP where CTB and GF activities were harmonized.
Assessment of Health Facilities housing MDR TB Patients	3.2.10				Assessment report		Partially met	The NTP engaged infrastructure teams to conduct assessments this quarter with CTB support. The site assessments were carried out by three teams consisting of seven

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
								personnel including engineers from Ministry of Health (Infrastructure department and Planning Unit) and officers from NTP. Each team was assigned a region; Northern, Southern or Central. 27 district hospitals (excluding Likoma which is an Island) and 4 central hospitals were assessed. There was consultation with the hospital management to assess the wards that need to be renovated to accommodate MDR-TB isolation. The teams will compile assessment report and bill of quantities and these will be available in Q4

Sub-objective 4. Targeted screening for active TB								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Support the implementation in non-CHAI CTB districts of the new SOP	4.1.1		Report of desk review ii. Assessment tool	i. training report	i. training report	NTP has already begun implementation of CI activities since January 2016,	Met	

Sub-objective 4. Targeted screening for active TB

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
			finalized iii. assessment report iv. SOPS developed v. Curriculum developed vi. Supervisory tools adapted			following development of SOPs with Clinton Health Access Initiative (CHAI). CTB supported the printing of the SOPs, job aides, diagnosis forms and appointments slips. CHAI currently supports 5 districts and NTP wants CTB to support the non-CHAI districts through trainings.		
PEPFAR: Update Malawi specific guidelines for contact investigations, SOPs, monitoring tools in close coordination with HIV partners, community organizations	4.2.1	i. report national research meeting ii. CI guidelines, SOPs, monitoring tools updated		Guidelines updated		NTP has already begun implementation of CI activities since January 2016, following development of SOPs with CHAI. CTB supported the printing of the SOPs, job aides, diagnosis forms and appointments slips. CHAI currently supports 5 districts	Met	

Sub-objective 4. Targeted screening for active TB								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						and NTP wants CTB to support the non-CHAI districts through trainings.		
Strengthen the capacity of the zonal officers for CI	4.2.2			i. updated curriculum ii. Workshop report			NA	Activity was reprogrammed under CTB because CHAI has been supporting the NTP with CI activities. Training curriculum has already been developed and trainings were conducted last year and this year by NTP and CHAI.
Strengthen Contact Investigation (CI) in CTB focus districts	4.2.3			i. Quarterly reports (to include orientation and training ii .Plan for training HSAs in all priority districts	i. Quarterly report		NA	CTB provided support by printing of CI SOPs, job aides and appointment slips this quarter. Training has been supported by CHAI. CTB was requested to support mentorship visits possibly in APA3.

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
PEPFAR: Review existing TB-IC policies and guidelines, including congregate settings with a high prevalence of TB/HIV and Community.	5.1.1	Assessment report				This activity was conducted during APA1, Q4 (see annual report), the report became available in Q1 of APA2.	Met	
PEPFAR: Define national plan for IC with support from all stakeholders	5.1.2	i. Workshop report ii national implementation plan				This activity was finalized during APA1, Q4 (see annual report)	Met	
Build the capacity of IPC committees in 5 districts in TB-IC including scale up of F.A.S.T. in high risk environments	5.1.3	i. Procurement of Fit test ii. Fit test training	i. training workshop report ii. Training plan in place	i. training reports	i. training reports	KNCV consultants Max Meis and Marleen Heus came to Malawi for STTA from 18-25 April 2016 to conduct F.A.S.T training and integration of TB-IC into IP. Procurement of fit tests done was done. Training workshop was conducted jointly by CTB and NTP in 5 districts namely Kasungu, Karonga, Mangochi, Lilongwe and Machinga where a total of 49 participants were trained. A training plan was also developed to be scaled up to other	Met	

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						districts. Some of the recommendations include conducting targeted supervision, monitoring staff compliance with standards and finalizing draft documents developed such as Second Edition TB-IPC Guidelines, Costed 4-year plan, facilitators' Manual and facility work plans. Following this STTA, supervision visits have been conducted in the 5 districts by CTB and NTP.		
Provide support for MOH staff from the Building Department and Quality Assurance Unit to participate in the Harvard training	5.1.4			Training report			Not met	The training is scheduled to take place in August 2016 and participants have already been identified by NTP (a MOH architect and one zonal officer). Participants have already received invitation letters to the training.
Engage with relevant MOH and PEPFAR partners to develop a national policy, strategy and implementation plan for HCW screening and surveillance on TB	5.2.1	i. meeting with stakeholder s report	i. Strategy for surveillance in HCW defined and roll-out initiated (Q	i. Advocacy package developed		A meeting was held between CTB and the National Organization of Nurses and Midwives of Malawi (NONMM) on 12 January 2016 as part	Partially met	TORs were finalized and advertised in the national newspapers and website in June 2016. The specific objectives of this assignment are: To

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
as part of a wellness strategy			report)			of information collection. Following that meeting, visits were conducted to 2 wellness centers in Lilongwe; one is complete and functional whilst the other is being constructed.		<p>map out CBOs/NGOs/FBOs that are already engaged in, or could potentially be engaged in implementing TB and TB/HIV activities in the 15 CTB districts; To assess the capacities and knowledge gap among these CBOs/NGOs/FBOs as related to TB and TB/HIV prevention and treatment, advocacy and referral systems; To review TB related training and advocacy tools currently being used for CBOs/NGOs/FBOs' training and advocacy in TB and TB/HIV against an accepted assessment framework (e.g. target audience, completeness and correctness of messages, etc.); To assess levels of community engagement between CBOs/NGOs/FBOs and relevant authorities at health facilities, district hospitals, zonal TB offices and central level (NTP)</p> <p>Shortlisting and awarding the sub contract will be in July. Advocacy package</p>

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
								will be developed following this.
Establish wellness centers in 5 pilot districts	5.2.2			i. Assessment report ii. Local procurement iii. Monitoring and supervision tools adjusted v. presentation and materials on risk	i. Wellness centers established in each zone ii. Staff medical officers trained, iii. Documentation provided.		Partially met	TORs were finalized and advertised in the national newspapers and website in June 2016 Shortlisting and awarding the sub contract will be in July. As part of the deliverables, the contractor will produce an assessment report, M&E tools and training plan.
Contract local/regional organization to assist the NTP in raising the level of awareness of TB among HCW and improved diagnosis and rapid treatment initiation	5.2.3		i. Subcontract or engaged ii. Contractor's reports	i. Training reports ii. Mentorship reports	i. Mentorship reports		Partially met	TORs were finalized and advertised in the national newspapers and website in June 2016 Shortlisting and awarding the sub contract will be in July. The contractor will produce training and mentorship reports.

Sub-objective 6. Management of latent TB infection

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Revise and update the LTBI policy based on evidence generated in Malawi on implementation of policies and standards for management of LTBI in high risk groups such as children under 5, PLHIV and persons with diabetes.	6.1.1	i. LTBI workshop report				Malawi is implementing a component of LTBI through provision of IPT. Guidelines are available on provision of IPT to children exposed to TB patients and also a policy on use of IPT in HIV positive individuals for six months. CTB supported the printing of revised IPT recording and reporting tools during this quarter.	Met	PLHIV – the group at greatest risk for TB – will now receive lifelong IPT according to new HIV guidelines. This will be rolled out in the near future in 5 districts.
PEPFAR: Improve programmatic uptake of IPT in children less than five and PLHIV	6.1.2		i. Review and revise forms finalized ii. SOPS iii. Training materials finalized iv. Training plan in place v. revised supervisory and mentorship tools			All the forms, SOPs, tools and training materials are available. CTB supported the printing of these documents.	Met	

Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
<p>Advocate for district funding through District council; participate in district executive committee meetings</p> <p>Advocate through the parliamentary committee for health, Parliamentary committee on HIV/AIDS and the planning department of MoH</p> <p>Advocate for permanent positions (established positions at NTP beyond current two for the NTP central Office</p>	7.2.1		i. DTO trained in regular program reviews	i. Samples of district briefings available			Partially met	<p>As part of advocacy, CTB funded NTP by uploading key TB documents on the government website and a private media in Q2. This was a pre-requisite for the World Bank funded TB mines project which was signed by the Malawi government and the World Bank.</p> <p>The presence of CTB Advisers in the zones gives them an opportunity to participate in district executive committee meetings hence a good fora to provide ongoing advocacy and develop capacity of DTOs.</p> <p>CTB Community Adviser attended a workshop on Advocacy with MoH (Health Education Unit) and NTP in June 2016. The objective of this workshop was to develop radio scripts for TB messages, which will be aired from July.</p>
Strengthen the leadership and management core competencies aligned	7.3.1	i. definition of core competencies at each	i. Implement survey ii. HRD plan				Not met	Following some discussions from 7-8 March 2016, NTP advised CTB that they have a number of TAs

Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
with the END TB strategy		level in Malawi	defined					planned for this year and hence they proposed that CTB should identify an international HRD training for NTP staff members to participate in. A training has been identified jointly by NTP and CTB. This is tentatively planned for October 2016.

Sub-objective 8. Comprehensive partnerships and informed community involvement								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
PEPFAR: Strengthen the national platform led by NAC with participation of NTP, partners and civil society organization, faith based organizations to promote and advocate TB/HIV integration	8.1.1		Report on National Conference				Not met	CTB met with NAC this quarter and it was communicated that there is no national conference planned for this year. NAC also communicated that they have adequate funding for next year and would not need support from CTB.
PEPFAR: Establish and support quarterly district-level platforms to coordinate TB and TB/HIV activities supported by the zones	8.1.2	Quarterly report district level TB/HIV	Quarterly report district level TB/HIV	Quarterly report district level TB/HIV	Quarterly report district level TB/HIV	From March 2016, CTB Zonal Advisers and NTP Zonal supervisors commenced the support of district-	Met	

Sub-objective 8. Comprehensive partnerships and informed community involvement

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						level coordination meetings and these are ongoing on a quarterly basis. Key issues arising in these meetings are challenges in TB sample transportation, poor TB screening among health workers, shortage on N95 masks and lack of training amongst health workers in Basic TB management. In order to address some of these challenges, the followings is being done: -Basic TB Management training is being conducted at district level -Subcontract awards are in process for HCW screening by wellness centers. (See also SO-6)		
General technical support to NTP in program management and technical reporting	8.2.1			TA Report	TA Report		Met	CTB is supporting Uganda SNRL to provide TA to NRL and Mzuzu laboratory.

Sub-objective 9. Drug and commodity management systems

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Provide high quality technical support to the NTP for the development of a procurement and supply chain management (PSM) strategic plan	9.1.1	PSM specialist in - country				PSM Adviser was hired in Q1 but left the organization end May. His successor is expected to start 1 August. CTB provided technical input to the Pharmaceutical Strategic Plan (PSP) which was developed by JSI team at the MOH through funding from USAID.	Met	Due to personal circumstances, the PSM advisor resigned as of June 1 st . CTB conducted international recruitment and together with the NTP selected a preferred candidate and entered into contractual negotiations. Unfortunately, the preferred candidate is not able to take up this position and CTB is contacting the runner up candidate.
Provide capacity building plan for health facilities at all levels; from National, Zonal to District, for better pharmaceutical management. This needs to be done in collaboration with the NTP, HTSS, HIV and other relevant departments;	9.1.2		Quarterly report	Quarterly report	Quarterly report	A workshop was conducted in Liwonde from 15-17 March 2016. Altogether, 28 district pharmacy technicians were involved in identifying regional supply chain bottlenecks and ways to address them at local levels.	Partially met	There is a plan to conduct a peer review meeting in Q4.
Assist with the development of an efficient stock monitoring system,	9.1.3		Quarterly report	Quarterly report	Quarterly report		Partially met	CTB PSM Advisor participated in a PSM national TWG in Q2. Stock-out, overstock, expiries

Sub-objective 9. Drug and commodity management systems								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
including drugs and lab supplies and look at the requirement for ancillary drugs to manage side-effects								and stock monitoring was discussed in the meeting. Moving forward, this forum is expected to redefine a stock monitoring system in the Q4.
Assist the NTP with completing an assessment on the supply of Xpert cartridges and determine a plan for supply management.	9.1.4	Assessment report and quantification				Estimation of the required GeneXpert cartridges has been done by NTP laboratory team with support from CTB and GF. Procurement process is ongoing.	Met	Assessment report has been finalized.
PEPFAR: Peer Pharmacy review meeting for Central and Northern regions.	9.1.5			Meeting report			Not met	This has been scheduled to take place in Q4. This is because the current PSM Advisor has resigned from his position.

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
TA for developing a detailed costed development action plan for a (web based) electronic surveillance system (STTA)	10.1.1	TA report				This activity was initiated in APA1 Q4 by consultants Job Van Rest and Nico Kalisvaart. During this visit they assessed	Partially met	The detailed costed development plan finalization is part of activity 10.1.2.

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						the feasibility of implementing a case-based electronic recording and reporting (ERR) system.		
Define a roadmap and action plan for implementation of ERR system	10.1.2	i. TA report ii. LTTS recruited in place iii. Travel report from study tour		Roadmap and costed action plan workshop		Since the duration of the STTA in APA1 Q4 was short, the consultants visited Malawi again from 30 May-3 June 2016 where a draft roadmap was defined. The consultants held a 2-day workshop attended by different stakeholders such as Baobab, Mo, NTP and CTB .	Partially met	The TA has been implemented. The team is working together with CTB Malawi and NTP to finalize.
National consultation meeting on evidence and strategies to increase case-detection through: Contact investigation (CI), Intensified case finding (ICF) and Active case-finding (ACF)	10.2.1	Meeting report				CTB provided funding, technical and administrative support to a National TB Research Network meeting from 11-12 February 2016. CTB, NTP and other stakeholders participated in the planning, provision of	Met	The meeting focused on developing a research agenda for Malawi.

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						logistical support, travel support to some participants and participated in the research meeting. There were over 100 participants and a report was drafted by Wellcome Trust.		
Organize a workshop with NTP, local researchers and stakeholders to develop protocols for additional operational research	10.2.2	Meeting report				This workshop was combined with Activity 10.2.1 from 11-12 February 2016.	Met	
Draft a first protocol for a DRS survey	10.2.3			Workshop report		STTA was provided in November 2015 and February 2016 for the finalization of the protocol by KNCV Consultant, Dr. Eveline Klinkenberg. NTP conducted two workshops in December 2015 and March 2016 and a finalization workshop will be in Q4.	Met	The DRS protocol is being finalized.



Bwaila TB Clinician (in white shirt) explaining to KNCV consultant, Hadi Qawasmeth the patient flow at Bwaila hospital and the digital TB register currently in use

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Update pre-service and in-service TB management training modules and assess current training status of HCWs by gender	11.1.1	1. Assessment report					Partially met	This activity is progressing well and there have been discussions with CTB and NTP regarding the update of the training curriculum. CTB will continue its support in guideline

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
								revision and training modules.
District and peripheral level TB management training and mentoring/on-the-job training	11.1.2	i. curriculum developed and training plan in place	workshop report	workshop report		These trainings were conducted from 22 May -3 June at Linde Motel, Lilongwe. These are expected to continue to Q4. The objective of the training was to equip district coordinators with knowledge and skills to plan, supervise, implement, monitor and evaluate activities of a district TB control program following WHO module.	Met	
Training of central and zonal supervisors	11.1.3		workshop report			Central and Zonal Supervisors were trained at Linde Motel, Mponela from 14-18 March 2016 and 53 participants attended. The supervisors acquired knowledge and skills that will improve quality of integrated TB/HIV supportive supervision. The supervision tool was revised. Supervisors were trained in TB/HIV mentorship	Met	

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						skills so that they can mentor health workers during supervisions		
Organize supportive supervision to zones for mentoring zonal TBOs in effective supervision	11.1.4	Quarterly report	Quarterly report	Quarterly report	Quarterly report	NTP revised its mentorship tools over the quarter and the first mentorship visit by NTP supported by CTB was conducted in June in selected facilities.	Met	
Quarterly zonal monitoring meetings	11.1.5		Quarterly report	Quarterly report	Quarterly report	The zonal monitoring meetings are embedded in the quarterly review meetings with participation of CTB Zonal TB Advisers and NTP Zonal Supervisors. Zonal level data is reviewed, challenges are discussed and recommendations made. Action plans are developed.	Met	



From left: CTB Technical Coordinator (Dr Seraphine Kaminsa), CTB Community Advisor (Akuzike Tasowana), CTB Country Director (Dr Anthony Abura), USAID AOR (Nicholas Enrich) and CTB ACF Coordinator (Yusuf Bhamu) listening to Bwaila TB Officer explaining how sputum is collected at this point

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (<i>i.e., TB NFM - MoH</i>)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (<i>if available</i>)
TB-MoH	B1	B1	\$9.3m	\$8.2m	

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

Key Updates on the implementation of GF Grant

Procurement of Health Products for TB

- **NFM Procurement order** for laboratory supplies and equipment were initiated and currently NTP is waiting for price quotation from procurement. The initial Procurement order for TB diagnostic supplies and equipment from TFM grant has been finalized and currently awaiting shipment.
- **Procurement for FLDs and SLDs:** Procurement orders have been initiated to GDF, process quotes received and funds were also transferred to procurement agent for FLDs and transfer fund for SLDs is expected in July

Procurement of Non-Health products for SLDs

- Procurements of non-health product like motor vehicles and mobile x-ray vans are delayed due to a selective procurement option and procedures required.
- With financial support from CTB the first round assessment for renovation of infrastructure sites expansion were conducted done in 28 district hospitals and three central referral hospitals. The second round of assessment to 150 health facilities for expansion of registration sites will be conducted in August. The final assessment report, BOQ and design will be communicated to GF to release the funds.
- NTP has also procured nutritional items for MDR-TB patient using GF resource

Implementation of programmatic Activities

With GF resource NTP has implemented various programmatic activities during the last three months. Some of the key programmatic activities conducted during last quarter were as follows:

- **Review meeting:** Quarterly zonal level TB program review meeting in all five zones and TB laboratory system and EQA review meeting were conducted
- **Developed detail micro plan** to accelerate the implementation of GF activities in the remaining two quarters. These activities were done in collaboration with CTB.
- **Training:** GeneXpert training for laboratory personnel in three rounds and PMDT training for various health care workers from north and south west zones.
- **Supportive Supervision:** Supportive supervision on systematic TB screening at HFs, TB drugs spot check and TB data quality assessment

Key challenges

- Protracted procurement process for mobile X-ray vans is affecting the implementation of Global Fund supported ACF interventions planned in year one. KNCV has incorporated procurement costs in its MOT to support MOH.
- Delay in the renovation work for site expansion because the technical staff who are supposed to conduct the assessment, prepare BOQ and design for renovation were engaged in other competing priorities. There is need for long-term technical assistance as NTP is currently relaying on technical staff from other sectors who are usually engaged in other project work.

Challenge TB & Global Fund collaboration this quarter – Describe Challenge TB involvement in GF support/implementation

- In Q2, CTB's PSM Advisor supported the NTP in all TB related procurements.
- CTB Zonal TB Advisors participated in zonal review meetings during the quarter, which were supported by GF.
- CTB staff attended a work planning meeting with NTP which was supported by GF. The objective of the meeting was to share and harmonize GF and CTB work plan in an effort to improve coordination. This meeting was conducted in Salima from 13-17 June 2016.
- Global Fund organized a MDR Training and CTB Zonal Advisors attended.

4. Success Stories – Planning and Development

Planned success story title:	Initiation of TB patient examinations (passive case-finding) at Gateway clinic following basic TB management training.
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.1. Ensured intensified case finding for all risk groups by all care providers
Brief description of story idea:	CTB provided support in Basic TB Management trainings for HSAs during the quarter. Following these trainings, some participants from Gateway clinic, Blantyre, made a significant contribution towards the start-up of TB services at the facility such as patient screening for TB and sputum collection. This has resulted in increased number of TB cases.

Status update:

The Gateway Clinic is among the 36 health facilities in Blantyre District that is located 800 meters from one of the countries tertiary hospitals called the Queens Elizabeth Central Hospital (QECH). The Gateway clinic was also established as an out-patient filter clinic following the congestion observed at QECH, where all patients with minor illness were going to access care. The health facility has a catchment population of 32,000 and provided out-patient, ART and MCH services and was not giving TB screening nor diagnostic care. There were 641 clients on ART by June 2016 and 200 adults seen as out-patients on a daily basis. Presumptive TB cases were being referred to other nearby health facilities, once sent from QECH. However, this has changed since Basic TB management trainings for health care workers were conducted in the five zones in the CTB supported districts. A total of 784 health workers have been trained in all the 5 Zones including five participants from the Gateway Clinic.

After the training of the Gateway staff members, the team was very enthusiastic to learn about management of TB and decided to start patient examinations for TB at the facility. They immediately obtained sputum containers, lab request forms and a chronic cough register for the documentation of patients with presumptive TB and diagnosed TB cases, from the district health office. Sputum samples were sent to the QECH laboratory for testing and results were collected on a daily basis by Gateway clinic staff.

From May 31, 2016 to date a total of 45 presumptive TB cases were identified and examined out of which nine were found with TB disease and are now on anti-TB treatment. The staff also requested for diagnostic tools and an Xpert MTB/RIF platform will be placed there after assessment of the laboratory. The staffing includes 6 clinicians, 13 nurses, 10 Health Surveillance Assistants and 2 laboratory technicians



5. Quarterly reporting on key mandatory indicators

National TB Control Program (NTP) conducts regular quarterly supervisory visits which are used as a platform to collect facility level data. The supervisory visits are always scheduled to start a week after the quarter ends and they last for two to three weeks. In view of this, data for the quarterly reporting are unavailable at the time that this report is being compiled as teams are still out in the field. Therefore, with guidance from HQ, data on the indicators will be reported a quarter late, e.g. During the Apr-June 2016 quarterly reporting, indicators for Jan-Mar will be reported upon.

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	26	15	NTP has been facing some challenges in collecting MDR-TB data and efforts are being made to revise the current data collection tools in order to capture MDR cases. A district MDR register has been developed by both CTB and NTP and will be finalized in Q4. Additionally, efforts are being made to address the knowledge gap of TB Officers in MDR TB such as conducting trainings (Activity 1.1.10)
Total 2012	27	19	
Total 2013	28	19	
Total 2014	19	17	
Total 2015	Not available	65	
Jan-Mar 2016	Not available	Not available	Due to these challenges, data for 2015 and Jan-Mar 2016 is being verified and unable to be reported during this quarter.
Apr-Jun 2016	Not available	Not available	
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on Bedaquiline (BDQ) or Delamanid (DLM) (national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014			The regimens BDQ and DLM are not provided in Malawi, hence this data is not available. There are no immediate plans to introduce BDQ and DLM drugs in Malawi at the moment. However, the NTP Manager has indicated his interest to introduce shorter regimes with the technical assistance of CTB/KNCV.
Total 2015			
Jan-Mar 2016			
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.3 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)						
	Balaka	102	124				
	Blantyre	787	631				
	Chikwawa	185	206				
	Karonga	61	59				
	Kasungu	47	50				
	Lilongwe	903	916				
	Machinga	88	169				
	Mangochi	201	215				
	Mulanje	123	136				
	Mwanza	70	69				
	Mzimba	228	270				
	Nsanje	110	135				
	Phalombe	55	56				
	Salima	83	100				
	Zomba	189	228				
	TB cases (all forms) notified for all CTB areas	3,232	3,364				
	All TB cases (all forms) notified nationwide (denominator)	3,912	4,123				
	% of national cases notified in CTB geographic areas	83%	82%				
Intervention (setting/population/approach)							All data has been reported through ICF interventions. ACF hired ACF teams who are
Intensified case finding (ICF) (e.g. health facility-based case finding)		CTB targeted 15 districts	CTB targeted 15 districts				
	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention	3,232	3,364				

	All TB cases notified in this CTB area (denominator)	3,232	3,364				implementing the community interventions from July 2016.
	% of cases notified from this intervention	100%	100%				
Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention	CTB targeted 15 districts	CTB targeted 15 districts				
	TB cases (all forms) notified from this intervention	581	731				
	All TB cases notified in this CTB area (denominator)	3232	3,364				
	% of cases notified from this intervention	18%	22%				
Reported by prisons	CTB geographic focus for this intervention	CTB targeted 15 districts	CTB targeted 15 districts				
	TB cases (all forms) notified from this intervention	22	69				
	All TB cases notified in this CTB area (denominator)	2107	1775				
	% of cases notified from this intervention	1%	4%				

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1		Kelly Schut, Christine Whalen, Jan Willem Dogger	X				-To start up the CTB project in Malawi through team building sessions with the newly recruited Malawi country team -To orient the Malawi team on the workplan	Complete	8-11 December 2015	4 days	
2		Eveline Klinkenberg	X				To support the Malawi NTP to develop the protocol for Malawi's 2nd drug resistance survey (DRS) and ensure it is in accordance with the new WHO DRS guidelines of July 2015. Discuss planning and preparation of a National Research Stakeholder workshop organized with NTP, local researchers and other key stakeholders to update the national TB Operational Research agenda and develop an implementation plan for studies that are top priorities.	Complete	1-7 November 215	7 days	
3		Valentina	X				To undertake a comprehensive	Complete	17 October to 1st November	16 days	

		Anisimova & Anton Bussink					assessment of TB laboratory services and systems and provide recommendations to improve/expand to support timely quality assured diagnosis and follow-up of TB and DR patients		2015		
4		Netty Kamp		X			To conduct a desk-review and create a database of existing tools to enhance patient centered approach	Cancelled			The PCA activities have been moved to APA3
5		Nunurai Ruswa		X			To develop and implement sentinel surveillance of MDR-TB in new smear positive patients in ten sites	Complete	APA1		
6		Eveline Klinkenberg			X		To conduct assessment of the Community Sputum Smear collection strategic approach	Complete	Feb 9 -19, 2016	11 days	
7		Eveline Klinkenberg			X		To develop framework and implement pilot interventions for addressing urban TB (clinic and communities in poor urban settings)	Complete	Feb 9 -19, 2016	11 days	
8		Nunurai Ruswa					To develop a strategy and an implementation plan on ascertaining and improving MDR-TB quality of care; SOPs; procedures for reliable surveillance, supervision and quarterly cohort analysis	Cancelled			

9		Marleen Heus		X			To strengthen the leadership and management core competencies aligned with END TB strategy	Cancelled				The NTP has many STTAs planned for this year and they advised that this one should be cancelled. Instead, they proposed an international leadership training for Q4.
10		Max Meis and Marleen Heus			X		To build the capacity of IPC committees in 5 districts in TB-IC (including scale up of F.A.S.T. in high risk environments)	Complete	16-30 April 2016	15 days		
11		Petra De Haas				X	To provide STTA to the design of the third reference laboratory	Cancelled				Planned for APA3
12		Local/regional organization			X		To assist the NTP in raising the level of awareness of TB among HCW and improved diagnosis and rapid treatment initiation	Pending				Draft ToRs were developed for the Wellness Centres support and were reviewed by HQ. The advert was advertised in the national newspapers and on website in June.
13		Eveline Klinkenberg		X			To conduct national consultation meeting on evidence and strategies to increase case-detection through: Contact investigation (CI), Intensified (ICF) and Active case-finding (ACF)	Completed	February 11-12 2016	2 days		Combined with #7, #6
14		Anthony Abura and Chifundo			X		Country Directors Meeting	Completed	20 June – 24 June	5 days		

		Chomanika									
15		Blessing Marondera			X		CTB Laboratory Capacity Building Workshop	Completed	27 June – 2 July	6 days	
16		Job Van Rest			X		To define a roadmap and action plan for implementation of ERR system	Complete	30 May-3 June 2016	5 days	
Total number of visits conducted (cumulative for fiscal year)								15			
Total number of visits planned in approved work plan								21			
Percent of planned international consultant visits conducted								71%			

7. Quarterly Indicator Reporting

National TB Control Program (NTP) conducts regular quarterly supervisory visits which are used as a platform to collect facility level data. The supervisory visits are always scheduled to start a week after the quarter ends and they last for two to three weeks. In view of this, data for the quarterly reporting are unavailable at the time that this report is being compiled as teams are still out in the field. Therefore, with guidance from HQ, data on the indicators will be reported a quarter late, e.g. During the Jan-Mar 2016 quarterly reporting, indicators for Oct-Dec will be reported upon.

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Jan – December,2015	End of year target	Results to date	Comments
1.1.1. % of notified TB cases, all forms, contributed by non-NTP providers (i.e. private/non-governmental facilities)	CTB geographical areas, gender and age	Quarterly	415	Targets will be available in Q4.	Q1: 101 (Oct-Dec) Q2: 114 (Jan-Mar) Q3: not yet available To date 3% of notified cases are contributed by non NTP providers.	
1.1.2. % of case-reporting private providers that also provide treatment outcomes for TB patients	CTB geographical areas, gender and age	Quarterly	100%	100%.	100% (7) of case-reporting private providers also provide treatment outcomes for TB patients (Oct-Mar)	
1.2.2. % of (population) with correct knowledge and positive attitudes towards people affected by TB	CTB geographical areas	Annually	Baseline to be provided after conducting the Health Seeking Behavior Study (see activity 1.3.1) in APA3	Targets will be available in APA 3 once baseline is established	Measured annually	An Operational Research to measure this has been planned for APA3
1.3.1. Patient delay	CTB geographical areas	Annually	Baseline to be provided after conducting the Health Seeking Behavior Study (see activity 1.3.1) in APA 3	Targets will be available in APA 3 Once baseline is established	Measured annually	An Operational Research to measure this has been planned for APA3
1.4.1. One or more components of the patient-centered approach are adopted into routine practice/policy	CTB areas. HFs included in integrated HIV/TB supervision	quarterly	The baseline will be Established in APA 3 No data available	Targets will be available in APA 3 once baseline is established	Not available	This data is not collected in the current NTP HIV/TB supervision tool. CTB will liaise with NTP to include this indicator in this tool.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (Jan – March, 2015)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	CTB Geographic Areas and by the type of laboratory	Annually	0	1	Measured annually	
2.2.2. #/% of laboratories showing adequate performance in external quality assurance for smear microscopy	CTB Geographic Areas	Quarterly	TBD	TBD	91% (64/70) of laboratories showed adequate performance in external quality assurance for smear microscopy (Oct 2015 - March 2016)	Out of the 290 sites, 70 were provided with supervision and blinded rechecking. Implying that the coverage was 70/290 (24%). Out of the 70 laboratories, 64 were performing well.
2.2.4. #/% of laboratories showing adequate performance in external quality assurance for DST	National and subnational	Annually	1 (Lilongwe)	1 (Lilongwe)	Measured annually	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).	National and subnational	Annually	50% (1/2) (2014)	50%	Measured annually	
2.2.7. Number of GLI-approved TB microscopy network standards met	National and CTB Geographic Areas	Annually	Baseline will be established in Y2 Q4	Targets will be available in Q4.	Measured annually	
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	National and CTB Geographic Areas	Every 6 months	National data 2013: 1. New patients: 1% 2. Retreatment patients: 20%	Targets will be available in Q4.	Not available	This data is currently not being collected in the NTP data collection tools. CTB is liaising with NTP to include this indicator on the supervision tool.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (Jan – March, 2015)	End of year target	Results to date	Comments
2.4.2. #/% of Xpert machines that are functional in country (stratified by Challenge TB, other)	National, district, priority populations	Annually	35/37 (95%)	100%	Measured annually	
2.4.6. #/% of new TB cases diagnosed using GeneXpert	National, district, priority populations	quarterly	Baseline will be established in Q2 for CTB districts 1000/17104 (6%) cases (NTP 2015)	Targets will be available in Q4.	Cumulatively X of new TB cases diagnosed using GeneXpert (Oct 2015- Mar 2016) (173/3,899) 4% of new TB cases diagnosed using GeneXpert (Oct-Dec 2015) (157/3,364) 5% of new TB cases diagnosed using GeneXpert (Jan-Mar 2016)	All presumptive pulmonary cases have smear, if negative and HIV positive go to Xpert according to NTP algorithm. This will be changed in the near future.
2.5.1. Status of national LIMS	National, district	Annually	1	1	Measured annually	
2.6.4. # of specimens transported for TB diagnostic services	National, district	Quarterly	Baseline TBD	TBD.	Not available	This data is not being collected by NTP. CTB will liaise with Riders for Health, a partner responsible for sputum sample transportation so that they are able to share them this information.
2.7.1. #/% of laboratories implementing (internationally recommended) national biosafety standards (stratified by laboratories performing culture, DST and Xpert)	National, district, type of laboratory	Annually	2 National Reference Labs: are applying national biosafety standards and 30 Xpert Platforms in CTB districts	2 National Reference Labs: are applying national biosafety standards and 30 Xpert Platforms in CTB districts	Measured annually	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and	CTB areas, age,	Quarterly	National data 2015	Targets will be available	Cumulatively, 6,596 cases are	Cases being notified are from ICF. CTB in

Sub-objective:		3. Patient-centered care and treatment				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	gender, public and private		All forms n=13,787	in Q4.	notified, 91 from prisons. 3,232 notified cases (1,953 males, 1,279 females; 302 children, 2,930 adults; 22 from prisons; 3,232 ICF) 3,364 (314 Children, notified cases; 69 from prisons; 3,364 ICF (Jan – March, 2016)	collaboration with NTP has implemented an ACF program.
3.1.4. Number of MDR-TB cases detected	New case or retreatment, age and gender	Quarterly	In 2013, 23 RR/MDR-TB positive patients were diagnosed	Targets will be available in APA 3.	Data is not available.	
3.1.8. % of TB cases (all forms) diagnosed among children (0-14)	National	Quarterly	National (2015): 9,5 % (1626/17104)	Target will be available in Q4	Cumulatively 616 cases are diagnosed among children (616/6,596 representing 9%) October 2015 to March 2016) 9% (302/3232) of cases diagnosed among children (Oct-Dec 2015) 9% (314/3364) of cases diagnosed among children (Jan- March, 2016)	
3.1.11. #/% of prisons conducting screening for TB with chest X-ray	Prison	Quarterly	0	Targets will be available in Q4.	None of the prisons conducting chest x-ray.	In a recent meeting with the NTP manager, he expressed his interest for all implementers in prisons to consider a package of interventions that include diagnosis and treatment for TB, HIV and malaria.
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	CTB areas by age, gender, prisons, private, urban	Annually	Treatment success of all forms 86% (12,182/14,097; 2014 cohort)	Targets will be available in Q4.	Measured annually	

Sub-objective:		3. Patient-centered care and treatment				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.2.4. Number of MDR-TB cases initiating second-line treatment	CTB areas	Quarterly	NTP 2015 65	Targets will be available in Q4.	65 MDR cases initiating second line treatment (Jan-Dec 2015)	
3.2.7. Number and percent of MDR-TB cases successfully treated	CTB areas and by Gender	Annually	53% (10/19) success rate (Cohort 2013)	Targets will be available in Q4.	Measured annually	
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	CTB areas by age, gender, prisons, private, urban	Quarterly	95% (6490/6852)	Targets will be available in Q4.	96% (1,584/1,652) of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment (Oct-Dec 2015) 95% (1,522/1,607) of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment (Jan – March 2016)	
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register	CTB areas by age, gender, prisons, private, urban	Quarterly	93% (12762/13787)	Targets will be available in Q4.	93% (3,012/3,232) TB patients (new and re-treatment) with an HIV test result recorded in the TB register. Prisons (22/22=100%), Private Providers (96/101=95%) (Oct-Dec 2015) 91% (3049/3364) TB patients (new and re-treatment) with an HIV test result recorded in the TB register (Jan-March 2016), Prisons (73/73=100%), Private Providers (106/107=99%)	
TB Treatment Outcomes among registered new and relapsed TB cases who are HIV positive	CTB areas by age, gender, prisons, private, urban	Annually	TBD	TBD	Measured annually	NTP revised its reporting tools during the quarter and this data will be collected from Q4
Sub-objective:		4. Targeted screening for active TB				

Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
4.1.2. #/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB	CTB geographical area, gender, age	quarterly	TBD	TBD		This data is currently not being collected in the NTP data collection tools. CTB is liaising with NTP to include this indicator on the supervision tool.
4.2.3. % of confirmed TB patients by case finding approach (CI, ACF, ICF), by key population and location (ex, slum dwellers, prisoners) (Service cascade)	Please refer to 3.1.1	Quarterly	Please refer to 3.1.1	Please refer to 3.1.1	<p>Cumulatively, 6596 cases are notified, 91 from prisons.</p> <p>3,232 notified cases (1,953 males, 1,279 females; 302 children, 2,930 adults; 22 from prisons; 3,232 ICF) (October- December, 2015)</p> <p>3,364 (314 Children, notified cases; 69 from prisons; 3,364 ICF) (Jan – March, 2016)</p>	

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.3. #/% of TB IC (i.e. FAST) certified health facilities	Type of facility	Annually	TBD	TBD	Measured annually	
5.2.1. Status of TB disease monitoring among HCWs	National	Annually	0	0 (policy endorsement and implementation planned for Y3)	Measured annually	
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	CTB Areas	Annually	N/A	Targets will be available in Q4.	Measured annually	

Sub-objective:	6. Management of latent TB infection
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Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11. Number of children under the age of 5 years who initiate IPT	<5 children	Quarterly	2,770 children started on IPT in 2014	Targets will be available in Q4.	Cumulatively 805 children were put on IPT from October 2015 to March 2016 401 children received IPT (Oct-Dec 2015) 404 children put on IPT (Jan – March 2016)	

Sub-objective: 7. Political commitment and leadership						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.3. % of activity budget covered by private sector cost share, by specific activity	National level	Annually	0	Not applicable	Measured annually	

Sub-objective: 8. Comprehensive partnerships and informed community involvement						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership	National level	annually	0 (2014)	N/A	Measured annually	This will be initiated in APA4 depending on funding
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	National level	annually	N/A	N/A	Measured annually	
8.2.1. Global Fund grant rating	National level	annually	B1/2 (2014)	N/A	Measured annually	

Sub-objective: 9. Drug and commodity management systems						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by	CTB Geographic	Quarterly	Data not routinely collected	Targets will be available in Q4.	There were no stock outs of anti-TB drugs during the two quarters	However, pediatric formulations were expired and CTB has supported the NTP

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
type (first and second line) and level (ex, national, provincial, district)	Area		(2014)		(Oct-Dec 2015, Jan- Mar 2016)	in accessing these formulations from abroad to avoid further interruptions.

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system	National	Annually	1	1	Measured annually	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	CTB Areas	Annually	No	No (the assessment will be done in Y3)	Measured annually	
10.2.3. DR-TB surveillance survey conducted/completed in the last 5 years	Gender, age, history of retreatment	Annually	Last DRS completed in 2011	National: TBD	Measured annually	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	National	Annually	N/A	TBD	Measured annually	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	National	Annually	N/A	N/A	Measured annually	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.1. Status of system for supportive supervision	CTB geographical areas	Annually	1	2	Measured annually	
11.1.2. % of planned supervisory visits conducted (stratified by NTP and Challenge TB funded)	Central level, zonal level, district level	Annually	Central: 0/2, Zonal: 4/20, District: 0/12	CTB Target: Central: 2/2. Zonal 20/20; District: 180/180	Measured annually	
11.1.3. # of healthcare workers trained, by gender and technical area	Central level, zonal level, district level	Annually	National: data not available	TBD	Measured annually	
11.1.5. % of USAID TB funding directed to local partners	Central level, zonal level, district level	Annually	N/A	TBD	Measured annually	